

Registration District No. 725

Primary Registration District No. 5960c

Registrar's No. _____

1. PLACE OF DEATH: --

(a) County Ralls
(b) City or town Rural
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 34 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lizzie May Stevenson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) ~~Single~~, married, Married

6. (b) Name of husband John Stevenson 6. (c) Age of husband 70 years

6. Birth date of deceased September 11, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 20 hr. _____ min.

9. Birthplace North Collins New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Manley Doane 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma C. Avery 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hannah Stevenson
(b) Address Harrison, Mo.

17. (a) Burial (b) Date thereof Oct. 3, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banclay Cemetary

18. (a) Signature of funeral director Charles Condit
(b) Address Center, Missouri

19. (a) Oct 11 (b) Charles Condit
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 087
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1941 hour 5:55 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 15
1935 to Oct 11, 1941;
that I last saw her alive on Oct 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration 2 days

Due to Apoplexy
High Blood Pressure

Due to High Blood Pressure

Other conditions: Machine Accident for 27 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. H. Grocke (M. D. or other) Dr.
Address Center, Mo. Date signed Oct 2, 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-41-1803

Date Filed OCT 8 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4136

P. O. Address Centerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.